

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |  |   |     |                     | Application or Docket Number |     |                     |                        |
|--|--|---|--|--|---|-----|---------------------|------------------------------|-----|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |   |  |  |   | -   | SMALL ENT           |                              | OR  | OTHER<br>SMALL      |                        |
| U.S  | . NATIONAL                                     | STAGE FEES                                |  |  |   | 1   | RATE                | FEE                          | •   | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$  | 150 L                                      | ARGE ENT. = \$ 300                        | 1   | BASIC FEE           |                              | OR  | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article (4) = \$50/\$1                                 | 100  | All other altuations = \$ 100 / \$ 200    |     | EXAM, FEE           | <b>-</b>                     | 1   | EXAM. FEE           | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |  | All other situations =<br>\$ 250 / \$ 500 |     | SEARCH FEE          | <u> </u>                     |     | SEARCH FEE          | 100                    |
| FEE  | FOR EXTRA S                                    | SPEC. PGS.                                | minus  | minus 100 =                                |   |     | X \$ 125 =          |                              | 1   | X \$ 250 =          |                        |
| тот  | TAL CHARGEA                                    | BLE CLAIMS                                | 38 minus   | s 20 = .                                   | 18  |     | X \$ 25 =           |                              | OR  | X \$ 50 =           | 900                    |
| IND  | EPENDENT CL                                    | AIMS                                      | of minu  | minus 3 = .                                |   |     | X \$ 100 =          |                              | OR  | X \$ 200 =          | 200                    |
| MUI  | TIPLE DEPEN                                    | IDENT CLAIM PRE                           | ESENT  | ESENT                                      |   |     | + \$ 180 =          |                              | OR  | + \$ 360 =          |                        |
| * If   | the difference                                 | in column 1 is I                          | less than zero, er   | nter "0" in                                | 1 column 2                                | , . | TOTAL               |                              | OR  | TOTAL               | 1700                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |  |   |     | SMALL E             |                              | OR  | OTHER<br>SMALL E    |                        |
| NTA  |  | REMAINING<br>AFTER<br>AMENDMENT           | - 1  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT /                                 |     | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total `  | . 38.                                     | Minus **   | 38   | = /                                       |     | X \$ 25 =           |                              | OR  | X \$ 50 =           |                        |
| AME  | Independent                                    | • 4                                       | Minus ***  | • 4  | - /                                       |     | X \$ 100 =          |                              | .OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |   |     | + \$ 180 =          |                              | OR  | + \$ 360 =          |                        |
| ے۔   |  |   |  |  |   | =   | TOTAL ADDIT.<br>FEE |                              | OR  | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |   |     |                     |                              |     |                     |                        |
| NT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT<br>LY EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | •   | Minus **   |  | ÷   |     | X \$ 25 =           |                              | OR  | X \$ 50 =           |                        |
| AME  | Independent                                    | •   | Minus  | •  | = ,                                       |     | X \$ 100 =          |                              | OR  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |   |     | + \$ 180 =          |                              | OR  | + \$ 360 =          |                        |
| TOTAL ADDIT.  FEE FEE  OR TOTAL ADDIT.  FEE  |  |   |  |  |   |     |                     |                              |     |                     |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |  |   |     |                     |                              |     |                     |                        |